

FEE TRANSMITTAL for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 4,407

Complete if Known

Application Number 10/600,257
Filing Date 06/20/2003
First Named Inventor Modak, et al.
Examiner Name
Art Unit 1615
Attorney Docket No. 070050.2407

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 02-4377
Deposit Account Name Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

Extra Claims Fee Fee Paid
Total Claims x 52 = \$0
Independent Claims x 220 = \$0
Multiple Dependent = \$0

SUBTOTAL \$0

Fee Description Large Entity Small Entity
Claims in excess of 20 52 26
Independent claims in excess of 3 220 110
Multiple dependent claim, if not paid 390 195

FEE CALCULATION (continued)

ADDITIONAL FEES

☐ Surcharge - late oath or filing fee
☐ Non-English Specification
☐ Extension for reply within first month
☐ Extension for reply within second month
☐ Extension for reply within third month
☐ Extension for reply within fourth month
☐ Extension for reply within fifth month
☐ Notice of Appeal
☐ Filing a brief in support of an appeal
☐ Petition to revive - unavoidable
☐ Petition to revive - unintentional
☐ Utility Issue Fee
☐ Design Issue Fee
☐ Publication Fee
☐ Petitions to the Commissioner
☐ Request for Continued Examination (RCE)
☐ Information Disclosure Statement (IDS)

Other fee - fee deficiencies \$4,407

SUBTOTAL (\$ 4,407

SUBMITTED BY

Name (Print/Type)

Lisa B. Koles

Signature

Registration No.
(Attorney/Agent)

35,225

(Complete if applicable)

Telephone

212-408-2500

Date

03/01/2010

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.